PTO/S8/06 (08-01)
Approved for use examply 7/31/2006, 0M3 003 1-0022
U.S. Patient and Treatments Officer U.S. DEPARTMENT OF COMMUNICE
to a contection of integration unless of interface a material for the content of t ork Reduction Act of 1985, no persons are required to respond to a collection of int PATENT APPLICATION FEE DETERMINATION RECORD 107605615 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN CЯ SMALL ENTITY (Column 1) SMALL ENTITY an 21 MUMBER FLED MUMBER EXTRA RATE FEE RATE BASCHEE 770 -(37 OFR 1.15(a)) OR TOTAL CLANES 118. 36 284.00 E \$.. OR DOSPENDENT CLANES 4 ----86.00 OR MEATIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.1865) 1.144 mn 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Coturns 2) (Cotum 3) SMALL ENTITY CLAMS
REMAINING
AFTER
AMENOMENT HIGHEST PRESENT EXTRA NUMBER PREVIOUSLY RATE ADDI: TIDNAL FEE AOOH TIONAL RATE PAID FOR TOLES CP CFA LIRCH # S. IST PRESENTATION OF MATERIE DEPENDENT CLASS (37 C/R 1.16(1)) OR ADD' FEE ADDL FEE (Caturan 2) CLAMS REMAINING AFTER HIGHEST HUMBER m PRESENT GITRA RATE ADDI-TIONAL RATE ADOI-TIONAL PREVIOUSLY AMENDMENT PAIDFOR FEE OR OR X S FRST PRESENTATION OF MALTIPLE DEPENDENT CLASS. UT CFR 1.18600 OR TOTAL FOTAL 26 ADD'L FEE ADD'T FEE (Cotume 1) (Calumn 2) (Cotumn 3) HIGHEST MUMBER REVIOUSLY PAD FOR CLAIMS REMADIBIES PRESENT ADDI-TIONAL FEE ADDI-TIONAL FEE RATE RATE AFTER AMENOMENT EXTRA Total (3F CFR 1.10(15) 0 X S **OR** Z OR FIRST PRESENTATION OF MARTIPLE DEPENDENT CLASS (\$2 OF R./.16(8)) TOTAL ADDL FEE ADOL FEE **Ø**₹

" If the entry in column 1 is large than the entry in column 2, write "O" in column 3.

" If the "Highest Number Previously Paid For" bit RIS SPACE is large than 20, enter "20".

" If the "Highest Number Previously Paid For" bit RIS SPACE is large than 2, enter "20".

The "Highest Number Previously Paid For" in THIS SPACE is large than 3, enter "2".

The "Highest Number Previously Paid For" (local or bedependent) is the nightest number found in the appropriate box in column 1.

This collection of information is required by 31 CFR 1.18. The information is required to obtain or relate a benefit by the public union 1: to faid (and by the ISPTO to process) en explosion. Conductation by governed by 35 U.S.C. U.2 and 37 CFR 1.18. This information is selected to be selected to be selected to the information for morphism, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the besideal case. Any commonts on the amount of time you require to complete this form and submitted to the USPTO. Time will vary depending upon the besideal case. Any commonts on the amount of time you require to complete or control to the time to the Columnition Officer, U.S. Pateril and Teccentry Color. U.S. Opportment of Communition, P.O. Box 1450, Alexandria, VA 22113-1450. DO NOT SEMD FEES OR COUNTEED FORMS TO THIS ADDRESS, SEMD TO: Commissioner for Paterila, P.O. Box 1450, Alexandria, VA 22113-1450.